	 	
FOR NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 OR BASIC FE	770.00	
FOR NUMBER FILED NUMBER EATEN	 	
	90	
INDEPENDENT CLAIMS	r	
MULTIPLE DEPENDENT CLAIM PRESENT		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL		
CLAIMS AS AMENDED - PART II	R THAN ENTITY	
CLAIMS HIGHEST ADDI- REMAINING NUMBER PRESENT RATE TIONAL RATE	ADDI- TIONAL FEE	
Total AFTER AMENDMENT PAID FOR X\$18 Independent AFTER AMENDMENT PAID FOR X\$18 Independent AFTER AMENDMENT PAID FOR X\$18 X\$9=		
Independent * 4 Minus *** 4 = X43= / OR X86=		
PHST PRESENTATION OF MIDELIFEE DEL CROECH OS IIII		
TOTAL OB TOTAL		
ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Total Independent Minus Minus	ADDI- TIONAL FEE	
W Total * Minus ** * X\$ 9= OR X\$18		
Independent * Minus ** SA3= OR X86		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290		
TOTAL OR ADDIT. FEE OR ADDIT.		
(Column 1) (Column 2) (Column 3)		
CLAIMS REMAINING AFTER AMENDMENT Total Total Total Indep ndent Minus TOTAL TOTA	ADDI- TIONAL FEE	
\(\frac{\text{V}}{\text{O}}\) Total		
Indep ndent * Minus *** E X43= OR X86		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290		
of the entry in column 1 is less than the entry in column 2, write "0" in column 3.		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.		

FORM PTO-875 (Rev. 10/03)

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